

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/587 819**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7		1				
8		1				
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11	/		/			
12	/		/			
13		1		1		
14		1				
15		2		1		
16	/	2				
17		2				
18	/	2	/			
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TOTAL IND.		↓	10	↓		↓
TOTAL DEP.		←	7	←		←
TOTAL CLAIMS			17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						